

PENNIE & EDMONDS LLP  
COUNSELLORS AT LAW  
1667 K Street, N.W.  
Washington, D.C. 20006  
(202) 496-4400



ATTORNEY DOCKET NO. 8265-366-999

Date: December 6, 2000

Assistant Commissioner for Patents  
Box PATENT APPLICATION  
Washington, D.C. 20231

Sir:

The following utility patent application is enclosed for filing:

Applicant(s): Shantha C. NALUR  
Guillermo E. NAPOLITANO

Executed on: Unexecuted

Title of Invention: FOOD PRODUCTS CONTAINING HIGH MELTING EMULSIFIERS

**PATENT APPLICATION FEE VALUE**

| TYPE                                                                                                                                                           | NO. FILED | LESS | EXTRA | EXTRA RATE   | FEE       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|-------|--------------|-----------|
| Total Claims                                                                                                                                                   | 19        | -20  | 0     | \$18.00 each | \$ 0.00   |
| Independent                                                                                                                                                    | 2         | -3   | 0     | \$80.00 each | \$ 0.00   |
| Minimum Fee                                                                                                                                                    |           |      |       |              | \$ 710.00 |
| Multiple Dependency Fee<br>If Applicable (\$270.00)                                                                                                            |           |      |       |              | \$ 0.00   |
| <b>Total</b>                                                                                                                                                   |           |      |       |              | \$ 710.00 |
| 50% Reduction for Independent Inventor, Nonprofit<br>Organization or Small Business Concern (a verified statement<br>as to the applicant's status is attached) |           |      |       |              | \$ 0.00   |
| <b>Total Filing Fee</b>                                                                                                                                        |           |      |       |              | \$ 710.00 |

- ☒ Priority of application no. 60/221,136 filed on July 27, 2000 in U.S. is claimed under 35 U.S.C. § 119.  
☐ The certified copy of the priority application has been filed in application no. filed  
☐ Amend the specification by inserting before the first line the following sentence: This is a continuation-in-part of application no. filed .

Please charge the required fee to Pennie & Edmonds LLP Deposit Account No. 16-1150. A copy of this sheet is enclosed.

Respectfully submitted,

*Paul E. Fanucci (45,627) for*  
*Allan A. Fanucci*

Allan A. Fanucci  
PENNIE & EDMONDS LLP

30,256  
(Reg. No.)

Enclosure



Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                          |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|----|
| Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid control number.                                                                                                                                                                                                                                                                                                                                                    |  | Attorney Docket No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8265-366 | Total Pages                                              | 23 |
| UTILITY<br>PATENT APPLICATION<br>TRANSMITTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | First Named Inventor or Application Identifier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                                          |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | NALUR et al.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                          |    |
| Only for new nonprovisional applications under 37 CFR 1.53(b)                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Express Mail Label No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N/A      |                                                          |    |
| APPLICATION ELEMENTS<br>See MPEP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                                                                                                                                                                                                               |  | ADDRESS TO: Assistant Commissioner<br>Box Patent Application<br>Washington, DC 20231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                                                          |    |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form<br>Submit an original, and a duplicate for fee processing                                                                                                                                                                                                                                                                                                                                                                                      |  | 6. <input type="checkbox"/> Microfiche Computer Program (Appendix)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                          |    |
| 2. <input checked="" type="checkbox"/> Specification<br>(preferred arrangement set forth below)<br>-Descriptive title of the Invention<br>-Cross Reference to Related Applications<br>-Statement Regarding Fed sponsored R&D<br>-Reference to Microfiche Appendix<br>-Background of the Invention<br>-Brief Summary of the Invention<br>-Brief Description of the Drawings (if filed)<br>-Detailed Description of the Invention (including drawings, if filed)<br>-Claim(s)<br>-Abstract of the Disclosure |  | 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Copy<br>b. <input type="checkbox"/> Paper Copy (identical to computer copy)<br>c. <input type="checkbox"/> Statement verifying identity of above copies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |                                                          |    |
| 3. Drawing(s) (35 USC 113)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | ACCOMPANYING APPLICATION PARTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                                          |    |
| 4. Oath or Declaration<br><input checked="" type="checkbox"/> Unexecuted<br><input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 17 completed)<br>[Note Box 5 below]<br>i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33 (b).                                                                                              |  | 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br>(when there is an assignee)<br>10. <input type="checkbox"/> English Translation Document (if applicable)<br>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>12. <input type="checkbox"/> Preliminary Amendment<br>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)<br>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired<br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)<br>16. <input type="checkbox"/> Other: |          |                                                          |    |
| 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:<br><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 60/221,136 filed July 27, 2000.                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                          |    |
| 18. CORRESPONDENCE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                          |    |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 20582<br>(Insert Customer No. or Attach bar code label here)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          | or <input type="checkbox"/> Correspondence address below |    |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                          |    |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                          |    |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          | ZIP CODE                                                 |    |
| COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          | FAX                                                      |    |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.